



January 18, 2022

Web Announcement 2686

Attention All Providers: Janssen COVID-19 Booster Administration Code and Moderna Vaccine Booster and Administration Codes

New codes have been released for the Janssen booster administration and the Moderna low-dose vaccine booster and its corresponding administration code to report COVID-19 immunizations.

The U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for the following procedure codes for recipients age 18 years and older effective with dates of service on or after October 20, 2021. Prior authorization is not required.

Code	Description
0034A	Janssen immunization administration by intramuscular injection of severe acute respiratory syndrome - booster dose
91306	Moderna severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(coronavirus disease [COVID-19])vaccine, mRNA-LNP, spike protein, preservative free, 50mcg/0.25mL dosage, for intramuscular use
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome - booster dose (for Moderna low-dose vaccine)

The following provider types may bill codes 0034A, 91306 and 0064A:

Provider Type	Provider Type Description
12	Hospital, Outpatient
17 specialty 166	Special Clinics: Family Planning
17 specialty 174	Special Clinics: Public Health Clinic
17 specialty 179	Special Clinics: School Based Health Centers (SBHC)
17 specialty 180*	Special Clinics: Rural Health Clinic
17 specialty 181*	Special Clinics: Federally Qualified Health Center (FQHC)
17 specialty 195	Special Clinics: Community Health Clinic, State Health Division
17 specialty 198	Special Clinics: Human Immunodeficiency Virus (HIV)
20	Physician, M.D., Osteopath, D.O.
22	Dentist
24	Advanced Practice Registered Nurse (APRN)
32 specialty 249	Community Paramedicine
47*	Indian Health Services (IHS) and Tribal Clinics
60	School Health Services
74	Nurse Midwife
77	Physician's Assistant

*PT 17 specialties 180 and 181 and PT 47 providers must bill the vaccine administration codes with modifier Q2. The claim will pay according to the established encounter rate and the vaccine administration code will pay at \$0 as the service is included in the encounter reimbursement.

Claims for the above codes billed by the above provider types that have suspended with error code 853 (HCPCS - Annual Update - Suspend Claims) will be released for adjudication the week of January 17, 2022.

Claims for the above procedure codes with dates of service on or after October 20, 2021, through January 18, 2022, that suspended or denied with error code 4801 (No billing rule for procedure) will be reprocessed automatically. A future web announcement will notify providers when the claims are reprocessed.

When claims are reprocessed or released for adjudication, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.